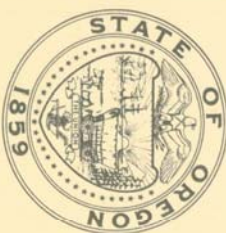


COMPLETE FOR ALL (PINK)	UP-TO-DATE (GOLD)	MEDICAL (PURPLE)	RELIGIOUS (BLUE)	VARICELLA (ORANGE)	#1 DATE DUE	#2 DATE DUE	MMR (Measles containing vaccine) (RED)	#2 DATE DUE	HEPATITIS B (SILVER)	#1 DATE DUE	#2 DATE DUE	#3 DATE DUE
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C.I.S. ADDENDUM—Use only for student
* Note to schools: Attach this form to the



ADDENDUM TO CERTIFICATE OF IMMUNIZATION STATUS OREGON DEPARTMENT OF HUMAN SERVICES / HEALTH DIVISION

This form was designed to record additional immunization dates an older child has received since submitting an original C.I.S. upon school entry. To attend an Oregon school, proof of immunization must be provided or a properly documented religious or medical exemption signed. The vaccine history must include the month and year in which each dose was received.

LAST NAME FIRST MIDDLE SEX BIRTHDATE (MO / DAY / YR) COUNTRY

MAILING ADDRESS CITY STATE ZIP

PARENT(S) NAME TELEPHONE (WORK) (HOME)

SECTION A VACCINE HISTORY VACCINE DATES SHOULD BE LISTED IN THE ORDER RECEIVED

Td (Tetanus/Diphtheria) Boosters

DOSE	MO	DAY	YR	INITIAL / DATE FOR UPDATES	MMR (Measles, Mumps, Rubella combined)	DOSE	MO	DAY	YR	INITIAL / DATE FOR UPDATES
1						1				
2						2				

VARICELLA VACCINE (CHICKEN POX)

DOSE	MO	DAY	YR	INITIAL / DATE FOR UPDATES	OR	DOSE	MO	DAY	YR	INITIAL / DATE FOR UPDATES
1						1				
2						2				

OR

HISTORY OF DISEASE YES NO

DOSE	MO	DAY	YR	INITIAL / DATE FOR UPDATES	MEASLES (Single Dose)	RUBELLA (Single Dose)	MUMPS (Single Dose)	HEPATITIS B (HEP B)	DOSE	MO	DAY	YR	INITIAL / DATE FOR UPDATES
1									1				
2									2				
									3				

(Has your child had chicken pox?)

HEPATITIS B (HEP B)

OTHER

MO DAY YR

I CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT. PLEASE CHECK APPROPRIATE BOX BELOW.

SIGNATURE ☒ PARENT / GUARDIAN ☐ HEALTHCARE PRACTITIONER ☐ HEALTH DEPT. REP. DATE

UPDATE SIGNATURE #1 ☐ PARENT / GUARDIAN ☐ HEALTHCARE PRACTITIONER ☐ HEALTH DEPT. REP. DATE

UPDATE SIGNATURE #2 ☐ PARENT / GUARDIAN ☐ HEALTHCARE PRACTITIONER ☐ HEALTH DEPT. REP. DATE

* Parent means: Parent, guardian, any adult responsible for the child, a person who is emancipated or student at least 18 years of age.

FOR ADDITIONAL INFORMATION REGARDING VACCINES, THE RISKS OF NON-IMMUNIZATION AND THE OREGON LAW, PLEASE SEE THE BACK OF THIS FORM.